

# Early Childhood Mental Health and Homelessness

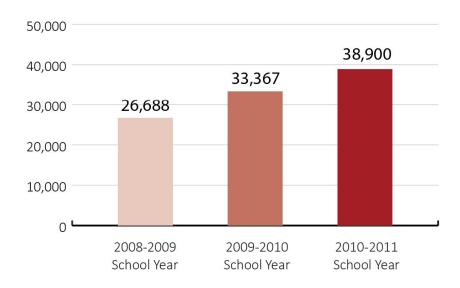
### A Brief Overview of Family Homelessness

The United States has the highest number of children who experience homelessness among all economically developed countries, with approximately 1.6 million children experiencing homelessness each year. A 2012 analysis by the Homeless Research Institute showed that 38% of all homeless people are in families. The same report also finds that between 2010 and 2011, the number of poor households living doubled up, a common living arrangement for families who are homeless, increased by 9.4% nationally, with Illinois experiencing a 1% increase. In Illinois, the number of students identified as homeless by Local Education Agencies has grown dramatically in recent years, with a 46% increase in the number of enrolled students between the 2008-2009 school year and the 2010-2011 school year.

There are a number of risk factors that can make families vulnerable to homelessness, and these include lack of affordable housing, lack of jobs that pay a living wage, lack of adequate social supports, decreasing government assistance, and domestic violence. Many homeless heads of households also struggle with significant trauma histories, mental illness, substance use issues, and chronic health conditions. Similarly, poor health, trauma, mental health issues, and developmental delays negatively impact many children experiencing homelessness.<sup>5</sup> Due to these challenges, families who experience homelessness often have incredibly complex needs and can be very challenging to serve. They are often transient, difficult to keep in contact with, lack access to reliable transportation, and may not prioritize services and programs that do not address their immediate needs, such as food, shelter, and safety.

### Illinois' Large Increase in Student Homelessness

Between the 2008-09 and the 2010-11 school years, enrolled students identified as homeless increased by 46% in Illinois, the 8th largest increase in the nation.



Source: National Center on Family Homelessness

### **Barriers to Services and Resources**

Due to the profound impact of homelessness on the health, development, safety, and well being of families, service needs among families who experience homelessness are numerous. Families experiencing homelessness often require assistance addressing physical and mental health needs, child development concerns, and accessing safety net programs, housing, and educational and employment opportunities. Unfortunately, sys-

tem and program barriers can prevent families from accessing the supports they need. For example, many families experiencing homelessness are unable to produce health records and identification documents that are often required to enroll in programs and services. They also struggle to meet attendance requirements and lack transportation to get to program sites. Additionally, families experiencing homelessness may be unfamiliar with all of the services available to them, may not understand how to access the services, or may become too

### By the Numbers, 2010

**1.6 Million** children experienced homelessness in the United States

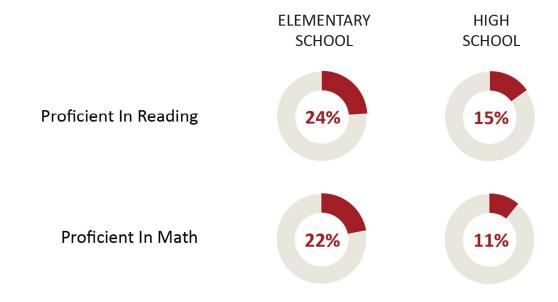
**42%** of children experiencing homeless were under age 6 (nearly 700,000)

**57,529** children experienced homelessness in Illinois

overwhelmed or confused by the complexity and fragmentation of the social service system to pursue help. Low-threshold service delivery models that provide very vulnerable families with the flexibility to accept as little or as much service as they want at any given time are often not available. For families experiencing homelessness, rigid and demanding service delivery models often result in lack of access to much-needed resources, leaving the families that need help the most to slip through the cracks.

### **Homelessness Results in Poor Educational Outcomes**

Elementary and high school students experiencing homelessness demonstrate very low proficiency in math and reading. These skills are critical to improving children's life and career outcomes.



Source: National Center on Family Homelessness

### **Understanding How Homelessness Affects Children**

Infants and toddlers who experience

homelessness are four times more

likely to suffer from significant

developmental delays that are visible

by 18 months of age.

In 2010, approximately 1.6 million children were homeless in the United States, and 42% of those children were under the age of 6. In Illinois alone, there were approximately 57,529 children experiencing homelessness, making Illinois 29<sup>th</sup> in the country for the number of children living in homeless-

ness.<sup>7</sup> Not only is there a large number of children living in homelessness in Illinois, but the research also shows that homelessness has significant negative effects on young children's social-emotional, physical, and academic development.

For example, during pregnancy, women experiencing homelessness often times

have restricted access to health care, and including limited access to prenatal care. Homeless women may also experience drug or alcohol dependence, and other physical or mental health problems. As a consequence, their children are more likely to have a low birth weight, suffer a greater risk of death at birth, and/or lack vital immunizations.8 Experts say that children experiencing homelessness suffer complex trauma, which is defined as "prolonged, persistent traumatic stress that often originates within the caregiving system during critical developmental stages and leads to immediate and long-term difficulties in many areas of functioning."9 This in turn results in a higher prevalence of cognitive and developmental delays, emotional and behavioral problems, and illnesses. 10

These children are also four times more likely to experience significant developmental delays that are visible at 18 months old. Amongst elementary students experiencing homelessness, only 21.5% are proficient in math and 24.4% in reading. Amongst high school students, 11.4% are proficient in math and 14.6% in reading. Consequently, they suffer academically and struggle to succeed in school. In addition, 70% of infants, toddlers and preschoolers experiencing homelessness have been diagnosed with a chronic illness. This is due to the fact that

one third of all mothers experiencing homelessness have a chronic health condition themselves, which directly impacts their children's health and welfare.<sup>13</sup>

School age children experiencing homelessness are more likely than other low-income children to have

health problems such as respiratory infections, ear infections, and gastrointestinal problems. Additionally, they experience three times the rate of emotional and behavioral stress than children not experiencing homelessness and are more likely to be exposed to domestic violence, physical and sexual abuse, unpredictable adult behavior, and dramatic life changes.

These risk factors can be reinforced by placement in foster care and/or family separations.<sup>14</sup>

Early childhood is a critical time of development, it is imperative that we address the needs of children experiencing homelessness. There is a shortage of resources and services for families experiencing homelessness, yet they are one of our most vulnerable populations. Access to resources are especially needed where there are dense populations of families experiencing homelessness, as well as in rural areas where resources may be difficult to reach. Service providers and agencies working with children must recognize the challenges families experiencing homelessness face, and consider the system changes they can make in order to best serve this population.

#### **Homelessness & Poor Health**



**70%** of infants, toddlers, and preschoolers experiencing homelessness have been diagnosed with a chronic illness.

### Incorporating Best Practices for Working with Families Experiencing Homelessness

Serving families experiencing homelessness effectively requires incorporating best practices, such as harm reduction and trauma-informed approaches, into the various systems that serve these families. Harm reduction is a set of strategies aimed at reducing the negative consequences of risky behaviors, and although it is most commonly associated with substance use treatment, harm reduction can be applied to a broad range of issues experienced by families experiencing homelessness. Harm reduction emphasizes a non-judgmental approach to services and "meeting families where they are at." Change is viewed as a gradual process, so harm reduc-

tion strategies are often stage-based and tailored to each individual's readiness for change. The service provider taking a harm reduction stance will be a trusted, caring partner in the change process, whose role is to listen, provide education, and assist families in discovering what works best for them, rather than to coerce families to make changes they do not want to make, or are not ready to make. Some examples of harm reduction in action include:

- A parent chooses to step outside to smoke instead of smoking in the same room as her baby.
- A parent allows his child to have a fast food meal, but chooses milk instead of soda.
- A parent will not enroll her child in a fullday preschool program, but is willing to see a home visitor once a week.

Parents and children experiencing homelessness can present with extensive trauma histories, and sometimes the way services are delivered can exacerbate or trigger trauma symptoms, or inadvertently re-traumatize families. Therefore, it is important for providers to ensure that every aspect of the service delivery process is trauma-informed. Trauma-informed services recognize the impact of trauma on the lives of survivors; examine the relationship between trauma and symptoms related to substance use, depression, and anxiety; and, accommodate the

### **Addressing Program Barriers**

In order to adequately serve families experiencing homelessness it is imperative that we also address system-level barriers to services and ensure that programs serve the most vulnerable families in a coordinated manner. Service systems that interact with families experiencing homelessness, including child welfare, early childhood, health care, mental health, and education, must work together to improve cross-system collaboration and the overall accessibility and responsiveness of services for homeless families. Vi Some specific strategies that should be considered include:

- More aggressive and intentional outreach to families experiencing homelessness
- Explicitly allowing programs more flexibility regarding documentation requirements, target outcomes, and attendance rates for families experiencing homelessness
- Utilizing innovative approaches, such as drop-in preschool
- Delivering services in non-traditional settings, such as homeless shelters, and during non-traditional hours
- Provide training for staff on family homelessness
- Cross-training staff across multiple service systems
- Co-locate services to make it easier for families experiencing homelessness to get multiple needs met at one physical location

needs of survivors within the service delivery context, which extends beyond the therapist's office to the waiting room and interactions with the front desk staff. Similar to a harm reduction approach, trauma-informed services are also strengths-based and empower survivors to be partners in their own recovery. It is important for providers to ask about trauma history, and to develop processes that protect families from having to repeat their story to different people in the agency. Providers should also consider their physical space and ensure that it feels safe, secure, and welcoming. Finally, training on trauma-informed services should be provided to all staff members who may come in contact with trauma survivors, including direct service providers, front desk staff, custodial staff, and administrators.<sup>16</sup>

### **Taking Action**

The Illinois Children's Mental Health Partnership (the Partnership) is committed to raising awareness about the unique needs of families experiencing homelessness and urges providers across the state to take action to improve the quality and accessibility of services to these families. To that end, the Partnership has assembled a list of resources to help providers learn more about family homelessness and how to work with families experiencing homelessness. The Partnership encourages providers to identify and serve families in their communities, and incorporate some of the best practices discussed above and in the highlighted resources into their work with families experiencing homelessness. Although meeting the needs of this vulnerable population can be challenging, increasing knowledge and awareness is a vital first step toward reaching the children who need help the most. Through effective collaboration and intentional and targeted efforts, it is possible to get families and children experiencing homelessness the help and support they need to enable healthy growth and development.

### **Endnotes**

- <sup>1</sup> The National Center on Family Homelessness. (2011). *The characteristics and needs of families experiencing homelessness*. Retrieved from http://www.familyhomelessness.org/media/306.pdf.
- <sup>2</sup> Homeless Research Institute. (2013). *The state of homelessness in America 2013*. Retrieved from http://b.3cdn.net/naeh/de1739b96dbd9bc68a\_cjm6r7cjh.pdf.
- <sup>3</sup> The Department of Education defines homelessness as any child or youth who lacks a fixed, regular, and adequate nighttime residence, and includes children who live doubled up with others, reside in shelters, stay in motels, hotels, or campgrounds, or cars, parks, and other public spaces not meant for human habitation. More information about the definition of homelessness can be found here: http://center.serve.org/nche/definition.php.
- <sup>4</sup> The National Center for Homeless Education. (June 2012). Education for homeless children and youth program data collection summary. Retrieved from http://center.serve.org/nche/downloads/data\_comp\_0909-1011.pdf.
- <sup>5</sup> The National Center on Family Homelessness. (2011). The characteristics and needs of families experiencing homelessness. Retrieved from http://www.familyhomelessness.org/media/306.pdf.
- <sup>6</sup> The National Center on Family Homelessness. (June 2012). *Improving access to mainstream programs for families experiencing homelessness*. Retrieved from http://www.familyhomelessness.org/media/363.pdf.
- <sup>7</sup> The National Center on Family Homelessness (2010) *America's youngest outcasts 2010*. Retrieved from http://www.homelesschildrenamerica.org/pdfs/IL.pdf.
- <sup>8</sup> Family Housing Fund (December 1999). *Homelessness and its effects on children*. Retrieved from http://www.fhfund.org/\_dnld/reports/SupportiveChildren.pdf.
- <sup>9</sup> The National Center on Family Homelessness (January 2010). Working with families experiencing homelessness: Understanding trauma and its impact. Retrieved from http://main.zerotothree.org/site/DocServer/

Working\_With\_Families\_Experiencing\_Homelessness.pdf?docID=10741.

- <sup>10</sup> Ibid.
- <sup>11</sup> The National Center on Family Homelessness (2011). *The characteristics and needs of families experiencing homelessness.* Retrieved from http://www.familyhomelessness.org/media/306.pdf.
- <sup>12</sup> The National Center on Family Homelessness (January 2010). Working with families experiencing homelessness: Understanding trauma and its impact. Retrieved from http://main.zerotothree.org/site/DocServer/

Working\_With\_Families\_Experiencing\_Homelessness.pdf?docID=10741

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- <sup>14</sup> Family Housing Fund (December 1999). *Homelessness and its effects on children*. Retrieved from http://www.fhfund.org/\_dnld/reports/SupportiveChildren.pdf.
- <sup>15</sup> National Healthcare for the Homeless Council. (April 2010). *Harm reduction: Preparing people for change.* Retrieved from http://www.nhchc.org/wp-content/uploads/2011/09/harmreductionFS\_Apr10.pdf.
- <sup>16</sup> Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-informed organizational toolkit for homeless services*. Retrieved at http://www.familyhomelessness.org/media/90.pdf.



## Family Homelessness Resource List

### **Facts and Figures**

- Basic overview: http://www.familyhomelessness.org/media/306.pdf
- Issues faced by families experiencing homelessness: http://www.familyhomelessness.org/media/369.pdf

### Working with Families Experiencing Homelessness

- Article on trauma and homelessness: http://main.zerotothree.org/site/DocServer/ Working\_With\_Families\_Experiencing\_Homelessness.pdf?docID=10741
- Basic principles of working with families experiencing homelessness: http:// www.familyhomelessness.org/media/218.pdf
- Guide to trauma-informed services with families experiencing homelessness: http:// www.familyhomelessness.org/media/89.pdf
- Guide to trauma-informed services with families experiencing homelessness with video: http:// www.familyhomelessness.org/media/213.pdf
- PEACH Curriculum: http://www.familyhomelessness.org/peach.php?p=ss
- Home visiting and family homelessness: http://www.familyhomelessness.org/media/96.pdf
- ISBE link to homeless services and reports: http://www.isbe.net/homeless
- Opening Doors/Illinois website for all information related to homeless: http:// www.homelessed.net
- National Association for the Education of Homeless Children and Youth: http://www.naehcy.org
- Article on Head Start and Homeless Education: http://www.naehcy.org/sites/default/files/images/dl/ hs\_summ.pdf
- Chicago Coalition for the Homeless: http://www.chicagohomeless.org

### **General information**

- National Center on Family Homelessness: http://www.familyhomelessness.org
- Horizons for Homeless Children: http://www.horizonsforhomelesschildren.org/
- Institute for Children, Poverty & Homelessness: http://www.icphusa.org
- National Alliance to End Homelessness: http://www.endhomelessness.org